

State Legislation Relating to Disclosure of Hospital and Health Care Prices

State	2005/2006 Proposed Legislation	State Statutes/Law
AL	SB 11 -- A hospital that receives government money shall disclose the price that the hospital charges other patients who pay negotiated rates for the same medical service items and an itemized description of the costs used to calculate the price of each medical service item on the patient billing. <i>(In committee as of 1/11/05. Did not pass by end of 2006 regular session)</i>	
AZ	<i>Existing State Statutes</i>	SB 1142, Arizona Revised Stat. 36-125.05. (Sen. Leff) -- Requires the Arizona Dept. of Human Services to implement a uniform patient reporting system for all hospitals, outpatient surgical centers and emergency departments, including average charge per patient, average charge per physician. Also requires the state to publish a semiannual comparative report of patient charges, and simplified average charges per confinement for the most common diagnoses and procedures. <i>(Signed into law by governor 4/18/05)</i>
AR	HB 2575 -- Would require hospitals and medical professionals to disclose the costs of the most common services and procedures. <i>(Did not pass committee by the end of 2005 regular session.)</i>	
CA	AB 2281 (Assm. Chan) -- Would require health plans/insurers to provide specified information including disclosure of charges consumers can expect to pay for contracting and non-contracting providers, and what percent of premiums plans/insurers actually spend on health care services, as part of facilitating use of Health Savings Accounts. <i>(Filed and referred to committee 3/06; passage refused 5/31/06)</i> SB 917 -- Would establish the Hospital Transparency Act of 2005, which amends the Payers' Bill of Rights to require the Office of Statewide Health Planning and Development (OSHPD) to compile and publish on its Web site the top 25 most common Medicare DRGs and the average charge for each by hospital. <i>(Vetoed by governor on 10/6/05.)</i>	CA Health & Safety Code §1339.56. AB 1045 -- Requires that hospitals disclose prices for the top 25 most common outpatient services or procedures, and requires, upon request, a person to be provided with a written estimate of charges for the health care services that are reasonably expected to be provided and billed to the person if the person does not have health coverage. <i>(Signed into law by governor on 10/5/05 as Chapter 532, Statutes of 2005)</i> CA Health & Safety Code §1339.585 -- Upon the request of a person without health coverage, a hospital shall provide the person with a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis. <i>(Signed law 2004)</i>
CO	SB 141 -- Would establish the "Health Care Transparency Act," which would require hospitals and ambulatory surgical centers to report on any Medicare/Medicaid funds or reimbursements received. <i>(Filed and referred to committee 2/06; passed Senate 20y-15n, 4/19/06; did not pass House before end of 2006 regular session)</i>	C.R.S. 6-20-101 -- Requires hospitals and other licensed or certified health facilities to disclose the average facility charge for treatment that is a frequently performed inpatient procedure prior to admission for such procedure. <i>(Signed into law 2003 and 2004)</i> HB 1278 -- Would create a comprehensive hospital information system to increase health care transparency. <i>(Signed into law 6/2/06)</i>
CT	SB 117 -- Would require hospitals to inform consumers about the cost of hospital goods and services. <i>(Did not pass committee by end of 2005 regular session.)</i>	Statute and regulations -- Require reporting of hospital charge information for inpatient and outpatient services, in addition to negotiated payment rates with third party payers, government payment rate information and hospital costs. **
DE	<i>Existing State Statutes</i>	Del. Code Title 16, Ch. 20 -- Requires periodic compilation and dissemination of reports on charge levels, age-specific utilization patterns, morbidity patterns, patient origin and trends in health care charges.

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FL	HB 1409 -- Would establish the "Florida Health Information Network Act," which would implement a state-wide electronic medical records network to increase individual's access to their own health care information and increase transparency in the health care system. <i>(Filed and referred to committee 3/3/06; passed House 120y-0n, 4/27/06; did not pass Senate committee by end of 2006 regular session)</i>	F.S.A. § 395.1051 -- A licensed facility not operated by the state shall notify each patient during admission and at discharge of his or her right to receive an itemized bill upon request. <i>(Signed law, amended 2004)</i> HB 7073 -- Would establish the "Coordinated Health Care Information & Transparency Act," which would provide better coordination of information for transparency purposes. <i>(Signed law, 6/20/06)</i>
GA	SB 83 -- Would require hospitals and medical facilities to provide estimates of charges to patients and requires hospital authorities to make certain information available on their Internet websites. <i>(Filed and referred to committee 1/28/05; no further action taken)</i>	Statute -- Requires hospitals to report UB-92 claims data for all inpatient services. Outpatient claims are reported for emergency room and ambulatory surgery services. **
IL	<i>Existing State Statutes</i>	HB 2343 -- Requires ambulatory surgical treatment centers and hospitals to adopt a uniform system for submitting patient charges for payment from public and private payers. Amends 20 ILCS 2215/4-4(a), which required hospitals to make available to prospective patients information on the normal charge incurred for any procedure or operation the prospective patient is considering. <i>(Signed into law by governor on 6/14/05 as Public Act 94-0027)</i>
IN	HB 1716 -- Would require hospitals and ambulatory outpatient surgical centers to provide billing information to patients and the public, establish an appeal procedure for disputed patient bills, and establish programs that provide reduced cost of care to eligible individuals and alternative payment options to other individuals. <i>(Did not pass committee by end of 2005 regular session.)</i>	IC 16-21-6 -- The Indiana Hospital Financial Disclosures Law requires hospitals to provide the state with audited financial statements, Medicare Cost Reports, and gross charge information.
KY	HB 445 -- Would require the Cabinet for Health and Family Services to make information on charges for health care services available on its Web site. This information would allow the public to make meaningful comparisons between hospitals, ambulatory facilities, and provider groups. <i>(Filed and referred to committee 1/24/06; passed House 95y-1n, 2/7/06 did not pass Senate by end of 2006 regular session)</i> HB 622 -- Would require the Cabinet for Health and Family Services to make health data on the cost and quality of health care available to consumers. <i>(Filed and referred to committee 2/21/06; did not pass by end of 2006 regular session)</i>	KRS 216.2929(1) -- Requires that the Cabinet for Health and Family Services prepare and publish, in understandable language with sufficient explanation to allow consumers to draw meaningful comparisons, a report on health care charges, quality, and outcomes that includes diagnosis-specific or procedure-specific comparisons for each hospital and ambulatory facility.
ME	LD 211(LR 2121) -- Would require hospitals to disclose to the public the amounts charged to the 10 most frequent payers for each service or procedure. Referred to committee. <i>(Died in committee 5/18/05)</i> LD 1307 -- Would require health care practitioners to provide the same consumer price information required of hospitals and ambulatory surgical centers. Referred to committee. <i>(Died in committee 5/20/05)</i>	Title 22, Chapter 401, §1718 -- Requires that hospitals provide cost information for the 15 most common non-emergency inpatient and the 20 most common outpatient surgical procedures.
MD	<i>Existing State Statutes</i>	Statute and regulations -- Require monthly reporting of hospital charge information and hospital costs for inpatient and outpatient services. **

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MA	<i>Existing State Statutes</i>	HB 490, §101 (Chapter 58 of 2006) -- As part of universal health plan, establishes the Commonwealth Health Insurance Connector, to "facilitate the purchase of health care insurance products at an affordable price by eligible individuals, groups and other plan enrollees," by publishing a commonwealth care health insurance program consumer price schedule. (Passed house and Senate 4/4/06; signed into law by governor 4/12/06)
MN	HB 2438 -- Would require the MN Hospital Assoc. to develop a web-based system for reporting and displaying cost information reported by hospitals to the association. (In committee as of 4/18/05; no 2006 action taken) SB 1162 -- Would require and provide for the disclosure of certain hospital costs to the commissioner of health. (In committee as of 4/6/05; no 2006 action taken)	M.S.A. § 62J.82 -- Requires the development of a web-based system for reporting charge information, including average charge, average charge per day and median charge, for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical The site must be established by 10/1/06. (Signed into law by governor, 2005)
MO	SB 359 -- Would provide for price and performance comparisons of health care facilities to be posted on a state website. (Did not pass committee by end of 2005 regular session.)	Missouri Rev. Stats. §192.667 -- Requires all hospitals and health care providers to provide charge data to the Department of Health and Senior Services.
NE	<i>Existing State Statutes</i>	Neb. Rev. St. § 71-2075 -- Requires hospitals and ambulatory surgical centers to provide a written estimate of the average charges for health services. (Signed into law, 1984, 1995)
NV	AB 545 -- Would require medical facilities to provide estimate of cost of medical procedure to patient before procedure occurs. (Did not pass committee by end of 2005 regular session.) AB 353 -- Would require hospitals to submit to the Dept of Health and Human Services their charges and the hospitals' provision for discounted prices for the uninsured. Did not pass committee before end of session. (Did not pass committee by end of 2005 regular session.)	NRS 439B.400 -- Requires all hospitals to maintain and use a uniform list of billed charges for units of service or goods provided to all inpatients. A hospital may not use a billed charge for an inpatient that is different than the billed charge used for another inpatient for the same service or goods provided.
NH	<i>Existing State Statutes</i>	Statute and regulations -- Require reporting of information for all inpatient services and all outpatient ambulatory surgery and emergency room services. **
NM	<i>Existing State Statutes</i>	House Memorial 43 of 2005 (Rep. Payne) -- Non-binding resolution, requests that hospitals work with state agencies to develop a process to post hospital charges, hospital quality, and annual increases in hospital charges. (Approved by Senate 4/05) Statute -- Requires reporting of information for inpatient services based on UB-92 claims data that is reported tot he state Health Policy Commission and the hospital association on a quarterly basis. The hospital association will implement a public reporting initiative modeled after Wisconsin's Pricepoint project in Fall 2006. **
NC	<i>Existing State Statutes</i>	NC Gen. Stats. Ch. 131E-214.4 -- Requires that a report that includes a comparison of the 35 most frequently reported charges of hospitals and freestanding ambulatory surgical facilities be made available to the Division of Facility Services of the Department of Health and Human Services.

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OH	<i>Existing State Statutes</i>	<p>Ohio Rev. Code § 3727.12 -- Requires reporting of hospital charges for the top 100 Diagnosis Related Groups, operating room costs, emergency procedures, physical therapy, and the top 30 x-rays and laboratory procedures.</p> <p>HB 197 -- Requires a hospital to make its price information list available free of charge on its web site to any person and post an announcement of the list's availability in each of the hospital's billing offices and admission, patient waiting, and reception areas. (Signed into law by governor on 8/9/06)</p>
OR	SB 1040 -- Would modify the duties of the Administrator of Office for Oregon Health Policy and Research regarding obtaining and reporting health care data. (Did not pass committee by end of 2005 regular session.)	Statute -- Requires reporting of information on all inpatient and outpatient services to the state Office of Health Policy and Research. The information is based on inpatient and ambulatory surgery discharge records collected from hospitals. **
PA	<i>Existing State Statutes</i>	35 P.S. §§449.5-449.7 -- Requires the Health Care Cost Containment Council to develop a computerized system for the collection, analysis and dissemination of health care quality and cost information. Requires the Council to collect patient data, including total charges of health care facilities. Requires the Council to make available the top 65% of all covered inpatient and outpatient hospital services and provide comparisons.
RI	SB 788 -- Would require every health care facility that has an emergency medical unit post a notice of average or minimum facility and professional charges and costs per patient visit. (Did not pass by end of 2005 regular session.)	
SC	<i>Existing State Statutes</i>	Statute and regulations -- Require reporting of UB-92 claims data, including charges on all hospital inpatient discharges and some outpatient services, such as outpatient surgery, emergency department services, labor and delivery, radiation therapy, chemotherapy, imaging, lithotripsy and observation claims. **
SD	<i>Existing State Statutes</i>	<p>SB 169 -- Requires hospitals to report the charges for the 25 most common inpatient diagnostic groups to the Dept of Health, which must post the charges on its website. (Signed into law by governor on 3/1/05)</p> <p>SDCL § 34-12E-8 -- All fees and charges for health care procedures shall be disclosed by a health care provider or facility upon request of a patient. (Signed into law, 1994)</p>
TN	<i>Existing State Statutes</i>	Statute and regulations -- Require reporting of information on all inpatient services to the Tennessee Hospital Association, as well as on such outpatient services as ambulatory surgery, emergency room visits, observations and selected procedures consistent with state Certificate of Need guidelines. **
TX	HB 3276 -- Would require health care facilities to report and disclose estimated charges. (Did not pass committee by end of 2005 regular session.)	Statute and regulations -- Require reporting of information on all inpatient services based on UB-92 claims. **

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UT	<p>HB 203 - (Rep. Hutchings) Would require hospital and related medical billing to include plain English explanation of charges. (Filed 1/19/06; did not pass committee by end of 2006 regular session)</p> <p>HB 246 (Rep. Morley) -- Would authorize the state Health Data Committee to collect data on the costs of episodes of health care and develop a plan to measure and compare costs of care, as part of easing use of Health Savings Accounts. (Filed 1/11/06; passed House 2/22/06; did not pass Senate by end of 2006 regular session)</p> <p>HB 301 (Rep. Hutchings) -- Would provide Consumer Access to Health Care Provider Charges, as part of consumer-driven and HSA health initiative. (Filed 1/19/06; did not pass committee by end of 2006 regular session)</p>	Statute and regulations -- Require reporting of information on all inpatient and outpatient services based on hospital discharge data. Utah is planning to implement a public reporting initiative modeled after Wisconsin's Pricepoint project in Fall 2006. **
VT	<i>Existing State Statutes</i>	Statute -- Requires reporting of information on inpatient services (average charge by hospital for the top 10 services) and on outpatient services (average charge for top 10 procedures and outpatient diagnostic tests). **
VA	<i>Existing State Statutes</i>	Statute and regulations -- Require reporting of information on all inpatient services and selected outpatient services. Hospital costs are also reported from annual financial filings and UB-92 forms. **
WA	<i>Existing State Statutes</i>	RCW 70.41.250 -- Requires procedures for disclosing to physicians and other health care providers the charges of all health care services ordered for their patients. Copies of hospital charges shall be made available to any physician and/or other health care provider ordering care in hospital inpatient/outpatient services. The physician and/or other health care provider may inform the patient of these charges and may specifically review them. Hospitals are also directed to study methods for making daily charges available to prescribing physicians through the use of interactive software and/or computerized information thereby allowing physicians and other health care providers to review not only the costs of present and past services but also future contemplated costs for additional diagnostic studies and therapeutic medications.
WV	<i>Existing State Statutes</i>	Statute and regulations -- Require reporting of information on all inpatient and outpatient services by department and payor. Other reported information includes negotiated payment rates with third party payers, government payment rate information and hospital costs. **
WI	<i>Existing State Statutes</i>	<p>Wis. Stats. Ch. 153 (Health Care Information) -- Requires hospitals and ambulatory surgery centers to report patient-level data, including charges assessed for specific procedure codes. (Signed law, 1992)</p> <p>AB 907 (Act 228) -- Dedicates state funds to the WI Health Information Organization (WHIO), a coalition of managed care companies, employer groups, health plans, physician associations, hospitals and doctors, to analyze and publicly report the health care claims information with respect to the cost, quality, and effectiveness of health care, in language that is understandable by laypersons. This new law is designed to collect credible and useful data for the purposes of quality improvement, health care provider performance comparisons, ready understandability and consumer decision-making. (Signed law, 2006)</p>

Source: National Conference of State Legislatures website

** As reported in the "American Hospital Association's Hospital Pricing Transparency Survey," April 26, 2006.